

Justification for CACFP Reimbursement Sponsor/Site Name: _____ CNIPS ID _____

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	*% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

*FNS 796-2(IV) and 7 CFR 226.15(e)(6)

* *Food Expenses divided by Reimbursement = % Spent on Food*

